This report examined women's health in Maine and the factors that contribute to women's health and well-being. The findings of this report indicate that although substantial gains have been made in ensuring women in Maine are healthy, disparities still exist and women continue to face challenges that carry health risks. In Maine, women have made great strides in educational attainment, but they still earn less than men and are more likely to live in poverty. Among Maine women, those with lower income and education are often at greater risk for poor health outcomes and are less likely to access health care.

Women's reproductive health is significant not only for women's health, but for the health of future generations. Women's health prior to and during pregnancy can impact their lifelong health outcomes, as well as their children's growth and development. In Maine it is critical that we ensure access to contraception and comprehensive reproductive services to reduce the increasing rates of sexually transmitted diseases, reduce unintended pregnancies, and ensure healthy maternal and infant outcomes. Substance use during pregnancy, including tobacco, alcohol and opioids, continues to be a concern as rates have not decreased over time.

Injuries are the leading cause of death among women of reproductive age in Maine. It is critical to improve motor vehicle safety to reduce unintentional injury death. More attention is needed to address injury-related falls among women, which can result in disabling conditions and death. Suicide and mental health are also significant concerns for women. Mental illness can have disabling consequences, limiting a woman's ability to work and take care of her health. Yet, services to address mental illness and suicide are limited in many parts of the state. The causes of mental illness among women may stem from women's status in society, burdens of work and caregiving, or violence they may experience at home. In Maine, the pervasiveness of sexual and physical violence among women during adulthood and childhood must continue to be a focus of prevention and intervention efforts, and Maine must ensure that resources are available to respond appropriately.

Maine communities, state and local governments, and the health care system must work together to promote healthy behaviors such as proper nutrition and physical activity, and strive to reduce harmful behaviors, such the use of tobacco, alcohol and other substances. Women's nutritional status and weight influence reproductive health outcomes as well as the development of chronic diseases. Dietary habits have repercussions for future generations, as women are often the primary providers of children's meals. The high prevalence of obesity among women of reproductive age in Maine is concerning for women's long-term health, pregnancy outcomes, and the health of their infants and children.

Women across the country are living longer and the population as a whole is aging. This is especially true for Maine, which has one of the oldest populations in the U.S. As our population continues to age, women's health issues will be at the forefront of our health care system. Diseases such as heart disease, cancer, stroke and diabetes are increasing in Maine as the

population ages. Educating women about prevention and recognition of symptoms will be a critical task for our health care providers. Our society needs to prepare now to prevent and manage the illnesses that women will face as they age. We also need to recognize the role that women play in caring for the older generation and how caregiving impacts physical and mental health. As the population ages, women will be relied on more and more to provide care to aging parents, possibly at the expense of their own needs.

Women often need to use the health care system more than men and face higher health care costs, but they are more likely to be poor, unemployed, work part-time or in other positions that do not offer benefits such as health insurance. Removing financial barriers to services, such as reproductive health, maternal health care, and screenings for cancer, diabetes, hypertension and heart disease, can help to ensure that women are receiving adequate and appropriate levels of care. Given the proportion people living in rural areas in Maine, access to needed services can be especially difficult for elderly women who are no longer able to drive. Services are also critical in isolated and rural areas to help women who may be in a violent relationship.

Recommendations

- Maintain a coordinated effort to address women's health in Maine. Maine has a public/private partnership, the Maine Women's Health Campaign (MWHC), devoted to improving the lives of women in the state. MWHC will play a vital role in coordinating women's health efforts in the state and can help develop an agenda for action.
- Maintain strong leadership at the State. Although Maine does not have an official Office of Women's Health, there is a Women's Health Coordinator at the Maine Center for Disease Control and Prevention who is in the position to ensure that a coordinated response to women's health issues across domains continues.
- Ensure that health systems are able to address women's needs. Access to quality services for women during their reproductive years and as they age can help prevent long-term illness and disability. Services related to women's mental health, reproductive health, substance abuse, domestic and sexual violence, oral health, and preventative care (i.e., cancer screening), need to be available in all parts of the state and accessible to those who need them most.
- Encourage the health and safety of girls. By encouraging educational attainment, providing safe homes, schools and neighborhoods, and teaching healthy behavior, Maine can decrease women's and girls' experiences with adverse childhood event, improve their status in society, and decrease their risks for long-term illness, such as obesity and tobacco use. Many chronic conditions, including mental health and substance abuse, have their root in childhood and adolescence.
- Increase opportunities for women. By increasing access to training and education and improving quality and access to child care, we can increase the number of opportunities available to women. By changing women's status in society, we can improve women's health.
- Continue to monitor progress. The last women's health report was completed almost 10 years ago. It is critical to develop a list of women's health indicators that will be tracked, analyzed and disseminated on a more frequent basis to monitor women's health and

provide data for program planning and implementation. It is also important to acknowledge the gaps in our knowledge and data. There are no prevalence data currently available in Maine on several conditions that disproportionately affect women, such as arthritis, osteoporosis and hysterectomies. In addition, we lack systematically collected information on women's experiences with caregiving, contraceptive methods, the health care setting, illicit substance use, and social isolation.

Although this report focuses on women, it is important to realize that by improving health and health care for women, we will strengthen women, their families, and our communities. As the World Health Organization noted in their 2009 report on women's health, "Improve women's health, improve the world." 1

References

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Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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